

State Licensing in Regular Type

FICS (focused infection control survey) for Nursing Homes in yellow highlight

The state licensing "Questions to ask State-Licensed Facilities Regarding COVID-19 Response" Requests the following:

- Current number of residents, resident roster
- Current or past COVID-19 positive staff or residents with names and who was notified (residents/families, KDHE, KDADS hotline, local health department); one page of the document requests number of residents/staff who have tested positive since 05.22.20
- New policies and procedures for infection control related to the COVID-19 outbreak (with request to email)
- Does the facility have difficulty getting PPE, and does the facility have an adequate supply?
- Any concerns voiced by families? If so who and what was their concern?
- How did the facility notify family members of changes in policies regarding visitation, etc.? Sign on door? Email? Phone call?
- Current number of full and part time staff members.
- Ability to separate COVID-19 residents from non-COVID-19 residents (document their plan)
- Does the facility need additional information/guidance? CDC information link provided.

The "Entrance Conference Worksheet" requests survey sign posting in the facility and advises the surveyor to explain the process of conducting as much review offsite as possible.

Information needed immediately includes:

- Census number, resident roster with notation of those residents out of the facility.
- List of residents presumptive or positive for COVID-19 (*surveyors request staff illness/infections tracking logs for staff presumptive or confirmed COVID-19 as this is part of FICS #4)
- Name of facility staff responsible for Infection Prevention and Control Program (IPCP)

Documents needed withing one hour of entrance:

- Actual working schedule for LPN and RN staff for the time period
- List of key personnel location and phone #, include contract staff (rehab services)
- Updated facility floor plan if changes have been made

- Access to resident electronic health records (HER) with a worksheet for location of pertinent information within the EHR and IT contact for questions. The surveyor makes a request for remote access to the EHR for a limited period and if not an option, the surveyor is advised to discuss other methods for record review.
- A comprehensive review of the IPCP policies and procedures including Surveillance plan and Emergency Preparedness policy and procedures including emergency staffing strategies should be completed offsite.

The surveyor uses the "COVID-19 Focused Survey for Nursing Homes" (updated 05.08.2020 see attachment) and documents findings for the bulleted and boxed investigative items.

There is also an "IJ Template for COVID-19 " if IJ concerns are identified. (see attachment)

The "State Licensed Infection Control Survey for COVID-19 Checklist" compared to the "FICS for Nursing Homes" **indicates the corresponding FICS number*

*Corresponding to **FICS #1** State Licensing: Is the facility a safe, sanitary and comfortable environment for residents?

- Is the facility maintained to protect the health and safety of residents, personnel and the public?
- Using Universal precautions to prevent spread of blood borne pathogens?
- Staff and residents social distance, respiratory hygiene and cough etiquette? Document observations.
- Are residents wearing face masks?
- Are staff wearing face masks?
- Techniques to ensure that hand hygiene meets professional health care standards?
- Techniques to ensure that laundering and handling of soiled and clean linens meet professional health care standards?
- Provide sanitary conditions for food service. Are residents eating in the dining room? If so, are they socially distancing?
- Prohibit any employees with communicable diseases or any infected skin lesion from coming in direct contact with any resident, resident's food, or resident care equipment until the condition is no longer infectious.
- Are residents eating in the dining room? If so, are they socially distancing?
- Are staff practicing social distancing during breaks, practicing respiratory hygiene and cough etiquette? Document observations.

FICS #1 - Did staff implement appropriate Standard Precautions (hand hygiene appropriate use of PPE, environmental cleaning and disinfection and reprocessing of reusable resident medical equipment) and Transmission -Based Precautions (if applicable)?

General Standard precautions:

- Respiratory hygiene/cough etiquette
- Environmental cleaning and disinfection
- Reprocessing of reusable resident medical equipment (cleaning and disinfection of glucometers, INR devices)
- Hand Hygiene (even if gloves are used) in the following situations:
 - Before and after contact with the resident
 - After contact with blood body fluids, or visible contaminated surfaces
 - After contact with objects and surfaces in the resident's environment
 - After removing PPE and before procedures
 - When residents are assisted by staff, is resident hand hygiene performed after toileting and before meals?
 - Is alcohol based hand rub (ABHR) readily accessible and preferentially used by staff for hand hygiene? If there is a shortage, are staff washing hands with soap and water?

Transmission Based Precautions:

- Determine if appropriate Transmission Based Precautions are implemented: Contact, Droplet, Airborne
 - Resident with undiagnosed respiratory infection: staff follow standard, contact and droplet, unless airborne suspected pathogen (TB)
 - For a resident with known or suspected COVID-19: gloves, isolation gown, eye protection and N95 or higher if available.
 - For a resident with known or suspected COVID-19 dedicated or disposable noncritical resident care equipment. If not available then equipment is cleaned and disinfected according to manufacturers' instructions using and EPA registered disinfectant for healthcare setting prior to use on another resident. Clean and disinfect room surfaces promptly and with appropriate disinfectant. Use disinfectants on list N of the EPA's website for EPA registered disinfectants that have qualified under EPA's emerging viral pathogens program for use

against SARS-COV-2 or other national recommendations. Signage on the use of specific PPE posted in appropriate locations in the facility.

*Corresponding to **FICS #1** State Licensed: Is there an adequate supply of PPE, supply of hand sanitizer and are hand washing sinks well stocked?

FICS: Determine if staff appropriately use, remove and discard PPE followed by hand hygiene. Interview appropriate staff to determine if PPE is available, accessible and used by staff. Does staff know how to obtain PPE supplies before providing care and who to contact for replacement supplies. What procedures are in place to address PPE shortages if this occurs? If PPE use is extended/reused is it done according to national and/or local guidelines? If it is reused is it cleaned/decontaminated/maintained after and/or between uses?

*Corresponding to **FICS #2** State License: Transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.

- Does this facility have a plan to cohort positive COVID-19 resident from non COVID-19 residents? If so, attach documentation of their plan.
- Have you transferred any residents to other health care settings due to being positive for COVID-19? If so, how many? (List names and where they were sent.)

On the document "Questions to ask State -Licensed Facilities Regarding COVID-19 Response Ability to Separate COVID-19 Residents from Non-COVID-19 residents:" (document their plan)

- Are residents wearing face masks?
- Are staff wearing face masks?

FICS #2 - Did staff provide appropriate resident care?

- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available) or taken other action based on state or local public health authority recommendations?

The "Entrance Conference Worksheet" requests a copy of an updated facility floor plan if changes have been made (establishment of a COVID-19 quarantine/isolation area).

For resident who develop severe symptoms of illness and require transfer to acute care, did the facility alert the EMS and receiving facility of resident's diagnosis (suspected or confirmed) as well as place a facemask on the resident during transfer (as supply allows)?

If there is sustained community transmission or cases of COVID-19 in the facility? Is the facility restricting residents to the extent possible to their rooms except for medically necessary purposes? If there is a case in the facility and residents leave their room, are they wearing a facemask, performing hand hygiene and limiting their movement in the facility and performing social distancing? Has the facility cancelled group outings, group activities and communal dining?

*Corresponding to FICS #3 and #4 State License:

- Do you have any residents who have tested positive for COVID-19 since 05.22.20? If so list names.
- Do you have any staff (FT or PT) who have tested positive for COVID-19 since 05.22.20? If so list names.
- Did you report the positive cases? If so, to which agency (local or county health dept, KDHE, KDADS)?

On the document "Questions to ask State -Licensed Facilities Regarding COVID-19 Response" have you implemented any new policies and procedures for infection control related to the COVID-19 outbreak? If so, what are they (with request to email)?

FICS #3 Does the facility have facility-wide IPCP (infection prevention control program) including standards, policies and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?

FICS #4 Did the facility provide appropriate infection surveillance?

The "Entrance Conference Worksheet" requests the IPCP policies and procedures to include the Surveillance plan and a list of residents who are confirmed or presumptive positive for COVID-19. *(surveyors also request the employee COVID-19 tracking log)

Are there policies or procedures when to notify local and state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?

How many resident and staff in the facility have fever, respiratory s/s or other s/s related to COVID-19?

How many residents/staff have been diagnosed with COVID-19 and when was the first case confirmed?

How many residents/ staff have been tested for COVID-19 and what is the protocol for determining when residents and staff should be tested?

Has the facility developed and implements a surveillance plan based on a facility assessment for identifying (screening) tracking monitoring and/or reporting of fever (at a minimum vital signs are taken per shift) respiratory illness, or other s/s of COVID-19 and immediately isolate anyone who is symptomatic?

Does the plan include early detection management of potentially infectious, symptomatic residents that may require laboratory testing and/or transmission-based precautions/PPE?

Does the facility have a process for communicating diagnosis, treatment, and laboratory test results when transferring a resident to acute care or other healthcare? Does the facility have a process for obtaining pertinent information when residents are transferred back?

Interview appropriate staff to determine if infection control concerns are identified, reported and acted upon.

*Corresponding to FICS # 5 State License:

- Are there posted signage regarding current visitation policies/restrictions? If so where?
- Has the facility designated one or more staff to monitor screening of all visitors/staff? If so who?
- Is there documentation of screening?

FICS #5 - Does the facility perform appropriate screening restriction and education of visitors?

- Review for compliance of screening processes and criteria (questions and assessment of illness)?
- Restriction criteria, signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures restrictions?
- For those permitted entry, are they instructed to frequently perform hand hygiene, limit interactions with others in the facility and surfaces touched, restrict their visit to the resident's room or other locations designated by the facility and offer PPE as supply allows? Are they advised to monitor for s/s of COVID-19 and appropriate actions to take if s/s occur?

*Corresponding to FICS #6 State License: Providing orientation to new employees and employee Inservice education at least annually on the control of infections in a health care setting?

- Has the facility designated one or more staff to monitor screening of all visitors/staff if so who?
- Is there documentation of screening?

FICS #6 - Did the facility provide appropriate education, monitoring and screening of staff?

- Is there evidence the facility provided education to staff on COVID-19?
- How does the facility convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and s/s of illness is the facility actively taking their temperature and documenting absence of illness?
- If staff develop symptoms at work does the facility have them return home, notify the facility's infection preventionist and include information on individuals, equipment and locations the person came in contact with and follow current guidance about returning to work?

*Corresponding to FICS #7 State License: On the "Questions to ask State -Licensed Facilities Regarding COVID-19 Response" have you had any concerns voiced by families? If so who and what was their concern? How did you notify family members of changes in policies (e.g. visitation) sign on door? Phone call? Email?

FICS #7 - Did the facility inform residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility along with mitigating actions in a timely manner? Identify the mechanism the facility is using to inform residents, their representatives and families; did they inform all residents, their representatives and families by 5 PM the next calendar day following the occurrence of a single confirmed COVID-19 infection or of three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other?

Did the information included mitigating actions taken by the facility to prevent or reduce the risk of transmission, including, if normal operations in the nursing home will be altered? Did the information include personally identifiable information? Is the facility providing cumulative updates to resident, representatives and families at least weekly or by 5 PM the next calendar day following subsequent occurrence?

Interview a resident and resident representative or family member to determine whether they are receiving timely notifications.

FICS #8 CMS Only - the facility weekly reports data to the NHSN (National Healthcare Safety Network) COVID-19 Module which is reviewed by CMS.

*Corresponding to FICS #9 State License: On the document "Questions to ask State -Licensed Facilities Regarding COVID-19 Response" current number of full time and part time staff members:

FICS #9 - Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

- Does the facility have a policy and procedure for ensuring staffing to meet the needs of residents during an emergency such as a COVID-19 outbreak, and/or did the facility need to implement its planned strategy?

The "Entrance Conference Worksheet" requests the following:

The actual working schedule for licensed and registered nursing staff for the survey time period, list of key personnel, locations and phone numbers including contract staff (rehab services) and the Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies.